

10/687620

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
							CLAIMS					
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
	IND	DEP	IND	DEP	IND	DEP						
1	1		1				51					
2	1		1				52					
3	1		1				53					
4		3		3			54					
5		3		3			55					
6		3		3			56					
7		3		3			57					
8		3		3			58					
9		3		3			59					
10		1		1			60					
11		1		1			61					
12		1		1			62					
13		1		1			63					
14		3		3			64					
15		3		3			65					
16		3		3			66					
17		3		3			67					
18		3		3			68					
19		3		3			69					
20		3		3			70					
21	1		1				71					
22		1		1			72					
23		1		1			73					
24		1		1			74					
25		1		1			75					
26		3		3			76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	4		4				TOTAL IND.					
TOTAL DEP.	49		46				TOTAL DEP.					
TOTAL CLAIMS	53		50				TOTAL CLAIMS					